

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee <b>Murphy Vogel Askew Reilly LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 08 / 2014</b>		
Mailing Address 1199 N Fairfax St Ste 220			Amount <b>11800.00</b>		
City Alexandria		State VA	Zip Code 22314-1437		Transaction ID : VN7GD9TNNE4
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Richard M. Nolan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: MN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 08 / 2014</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>18422.30</b>		
City Washington		State DC	Zip Code 20007-5108		Transaction ID : VN7GD9TNHG0
Purpose of Expenditure Television Advertising		Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Stewart Mills			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: MN		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>30222.30</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Nicholas Pancrazio</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY <b>08 / 08 / 2014</b>		

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 08 / 2014</b>	
Mailing Address 3050 K St NW Ste 100		Amount 18422.31	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GD9TNHJ6
Purpose of Expenditure Television Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Richard M. Nolan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>08</b> State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought		148077.81	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	18422.31
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	48644.61

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nicholas Pancrazio

[Electronically Filed]

Date

MM / DD / YYYY  
08 / 08 / 2014

Signature